

Hazard Identification Checklist

Use this checklist as a guide to identification of hazards associated with your project. Then describe how each hazard will be mitigated or controlled in the Hazard Analysis section of the project review form.

PHYSICAL HAZARDS

☐ None

- | | | |
|---|--|---|
| <input type="checkbox"/> Confined spaces | <input type="checkbox"/> Remote location | <input type="checkbox"/> Cryogenics |
| <input type="checkbox"/> Fall hazards (e.g., ladders, elevated platforms, towers) | <input type="checkbox"/> Extreme temperatures | |
| <input type="checkbox"/> Trenching or soil excavation | <input type="checkbox"/> Oxygen deficient atmosphere | <input type="checkbox"/> Noise > 85 dBA |
| <input type="checkbox"/> Material handling Equip (e.g., cranes, hoists, forklifts) | <input type="checkbox"/> Firearms | |
| <input type="checkbox"/> Mechanical power transmission equipment (e.g., belts, chains, gears, rollers, rotating shafts) | | |
| <input type="checkbox"/> Powered equipment (e.g., woodworking or metal-working machinery, shears, saws, punches, presses) | | |
| <input type="checkbox"/> Electrical hazards (exposed conductors, large batteries, etc) | <input type="checkbox"/> Potential energy hazards | |
| <input type="checkbox"/> Other (please specify) _____ | | |

PRESSURE or VACUUM SYSTEMS

- | | |
|---|---|
| <input type="checkbox"/> Compressed gases (lecture bottles, cylinders, gas lines) | |
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Autoclaves |
| <input type="checkbox"/> Vacuum chambers or systems with >1000 J stored energy | <input type="checkbox"/> Pressurized vessels or systems |
| <input type="checkbox"/> Other (please specify) _____ | |

FIRE

- | | | |
|--|--|---|
| <input type="checkbox"/> Open flames | <input type="checkbox"/> Welding | <input type="checkbox"/> Other spark producing activity |
| <input type="checkbox"/> Flammable/combustible liquids | <input type="checkbox"/> Flammable gases | <input type="checkbox"/> Explosives materials |
| <input type="checkbox"/> Strong oxidizers | <input type="checkbox"/> Pyrophorics | <input type="checkbox"/> Flammable solids |
| <input type="checkbox"/> Highly reactive materials, such as organic peroxides or inorganic peroxides | | |
| <input type="checkbox"/> Other (please specify) _____ | | |

CHEMICAL HAZARDS

☐ None

- | | | | | |
|---|--|-------------------------------------|--|--|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Explosives | <input type="checkbox"/> Herbicides | <input type="checkbox"/> PCBs | <input type="checkbox"/> Poisons |
| <input type="checkbox"/> Carcinogens | <input type="checkbox"/> Flammable Liquids | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Peroxides formers | <input type="checkbox"/> Toxics |
| <input type="checkbox"/> Corrosives | <input type="checkbox"/> Flammable Solids | <input type="checkbox"/> Oils | <input type="checkbox"/> Pyrophorics | <input type="checkbox"/> Reproductive toxins |
| <input type="checkbox"/> Toxic Metals (arsenic, barium, beryllium, cadmium, chromium, lead, selenium, silver) | | | | |
| <input type="checkbox"/> Other (please specify) _____ | | | | |

RADIATION HAZARDS

☐ None

IONIZING RADIATION

- | | |
|---|--|
| <input type="checkbox"/> Non-fissionable radioactive materials | <input type="checkbox"/> Fissionable radionuclides |
| <input type="checkbox"/> Ionizing radiation-generating devices (x-ray sources, accelerators, or sealed radioactive sources) | |
| <input type="checkbox"/> Other (please specify) _____ | |

NON-IONIZING RADIATION

- | |
|---|
| <input type="checkbox"/> Class II, IIIa, or IIIb (visible <15mW) lasers |
| <input type="checkbox"/> Class IIIb (non-visible >15mW) or IV lasers |
| <input type="checkbox"/> Static magnetic fields >5G at locations accessible to personnel or static magnetic fields >600G anywhere |
| <input type="checkbox"/> Dynamic magnetic fields >1G at 60 Hz or dynamic electric fields > 1kV/m at 60 Hz |
| <input type="checkbox"/> Radio frequency (RF) or Microwave sources exceeding 10 mW radiated output |
| <input type="checkbox"/> Infrared sources > 10 W |
| <input type="checkbox"/> Ultraviolet sources > 1 W |
| <input type="checkbox"/> Extremely low frequency (ELF) radio sources |
| <input type="checkbox"/> Other (please specify) _____ |

BIOLOGICAL HAZARDS

☐ None

- | | | |
|--|--|--|
| <input type="checkbox"/> Pathogens | <input type="checkbox"/> Viral and Rickettsial | <input type="checkbox"/> Bacterial |
| <input type="checkbox"/> Fungal | <input type="checkbox"/> Parasitic | <input type="checkbox"/> Recombinant DNA |
| <input type="checkbox"/> Human blood, human blood components, or products made from human blood, human tissue, body fluids | | |
| <input type="checkbox"/> Environmentally-sensitive microbes | | |
| <input type="checkbox"/> Other (please specify) _____ | | |